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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
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				First Named Inventor	Ori Eisen
				Art Unit	3609
				Examiner Name	Chrystina E. Zelaskiewicz
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Examiner initials*	Cite No 1	Document Number Number-Kind Code' (If known)	Publication Date MM-DD-YYYY	Name of Patentoe or Applicant of Cited Document	Pages, Columna, Lines, Where Relevant Passages or Relevant Figures Appear
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